STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
				Applicable to the First Four Services Listed on this Page Subject to Copayments
- All Audiological Services and Hearing Aids			XX	The basis for determination of the recipient due copayment is the maximum chargeable co-payment related to the maximum allowable Medicaid payment, as set forth in 42 CFR 447.54. In the payment computational process, the maximum allowable payment is determined as the lesser of the provider's billed charge or the Medicaid allowable fee. The recipient copayment amount applicable to this maximum allowable payment is then deducted from the payment to arrive at the final Medicaid payment amount.
- All Dental Services (Except dentures)			XX	
- All Optometric Services, Eye-glasses and Artificial Eyes			XX	
- All Podiatry Services				

TN No. MS85-14
Supersedes
TN No. MS84-4

Approval Date June 10, 86

Effective Date 10/1/85

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
- All Dentures		XX		Schedule of maximum allowable payment and corresponding copayment amounts: MEDICAID MAXIMUM ALLOWABLE PAYMENT PER CLAIM (LINE ITEM OF SERVICE) — RECIPIENT COPAYMENT $10.99 or Less — $ .50 $11.00 to $25.99 — $1.00 $26.00 to $50.99 — $2.00 $51.00 or More — $3.00 Applicable to all Full and Partial Dentures The basis for determination of the recipient due coinsurance is not to exceed 5% of the maximum allowable Medicaid payment, as set forth in 42 CFR 447.54. In the payment computation process, the maximum allowable payment is determined as the lesser of the provider's billed charge or the Medicaid allowable fee. The recipient coinsurance amount of 5% applicable to this maximum allowable payment is then deducted from the payment to arrive

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
				at the final Medicaid payment amount.
- Pharmacy Services			XX	Applicable to Pharmacy Services Subject to Copayments The basis for determination of the recipient due co-payment is the maximum chargeable copayment related to the maximum allowable Medicaid payment, as set forth in 42 CFR 447.54. The provider of pharmacy services assesses the amount of copayment due based upon the Medicaid maximum allowable reimbursement (not inclusive of the state allowed dispensing fee) for multiple source drugs selected by HCFA which will be made at the lower of the -- (A) Usual and customary charge as billed by the provider; or (B) Price or prices which are derived from applicable upper limits; or Reimbursement for other covered drugs which will be made at the lower of the - (A) Usual and customary charge as billed by the provider; or (B) Price or prices included on the Drug Pricing File which are derived from one (1) or more of the following: 1. Average Wholesale Price (AWP) as furnished by the state's contracted agent; 2. Direct Price charged by state selected pharmaceutical manufacturers; or

State Plan TN# 87-18 Effective Date 10/1/87
Supersedes TN# _____ Approval Date 3/24/88

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
- All Inpatient Hospital Services			XX	3. Missouri Maximum Allowable (MMAC or "Mini-Mac") as determined by the state agency for selected multiple source drugs. Schedule of maximum allowable payment corresponding copayment amounts: MEDICAID MAXIMUM ALLOWABLE PAYMENT PER CLAIM (LINE ITEM OF SERVICE) — RECIPIENT COPAYMENT $10.00 or Less — $ .50 $10.01 to $25.00 — $1.00 $25.01 or More — $2.00 Applicable to Inpatient Hospital Services Subject to Copayment The level of copayment amount was derived from available cost-sharing studies. The recipient copayment amount for inpatient hospital services is $10.00 for the first Medicaid covered day of each admission. This copayment amount is deducted from the total allowable payment for covered days to arrive at the final Medicaid payment.

State Plan TN# 87-18 Effective Date 10/1/87
Supersedes TN# _____ Approval Date 3/24/88

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
- All Outpatient Clinic/Emergency Room Services			XX	Applicable to Outpatient Hospital Services Subject to Copayment The basis for the determination of the copayment amount is the upper limit of nominal copayment of the sliding cost scale (costs would exceed $51.00 if facility, ancillary and physician charges are considered). The recipient copayment amount is $2.00 for each date of service. This amount is deducted from the allowable computed payment to arrive at the final Medicaid payment. Applicable to Physician Services Provided in an Outpatient Hospital Subject to Copayment
- Physician Services Provided in the Outpatient Clinic/Emergency Room Department of the Hospital			XX	The basis for the determination of the copayment amount is the same as that indicated for Outpatient Hospital Services. The recipient copayment amount is $1.00 for physician services provided in the outpatient clinic/emergency room for each date of service. This amount is deducted from the lesser of the provider's billed charge

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
				or the Medicaid maximum allowable amount to arrive at the final Medicaid payment.

State Missouri

In addition to those services and categories which are exempted under sections of the Social Security Act as amended and as applicable to those services described in this attachment, pages 1, 1a, 1b, 1c, 1d, and 1e, the state has optionally provided copayment and coinsurance exemption for:

a. Services to recipients residing within a residential care home, an adult boarding home, or a psychiatric hospital;

b. Transfer inpatient hospital admissions;

c. Certain therapy services (physical therapy, chemotherapy, radiation therapy, psychotherapy, and chronic renal dialysis) when provided on an outpatient basis; and

d. Services to Foster Care Recipients.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

B. The method used to collect cost sharing charges for categorically needy individuals:

[X] Providers are responsible for collecting the cost sharing charges from individuals.

[ ] The agency reimburses providers the full Medicaid rate for a service and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

As the basis for determining whether an individual is unable to pay the charge, the provider is permitted to accept, in the absence of evidence to the contrary, the recipient's statement of inability to pay at the time the charge is imposed.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MISSOURI

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

(1) Children.

All individuals under 18 years of age are identified through the claims processing system reference to the recipient date-of-birth relative to the dates of service. These services are exempted from reduction by the required cost-charing charge in the claims payment adjudication process. These individuals are identifiable to the provider through inclusion on the Medicaid ID card of the date-of-birth.

(cont'd on page 3a)

E. Cumulative maximums on charges:

[X] **State policy does not provide for cumulative maximums.**

[ ] **Cumulative maximums have been established as described below:**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MISSOURI

D. (cont'd)

(2) Pregnant Women.

Services of routine prenatal care, labor, delivery, routine postpartum care, and services provided due to complications of the pregnancy or delivery, or conditions which may complicate the pregnancy are identified by the primary or secondary diagnosis on the claim form. The claims processing system recognizes the ICD-9-CM diagnoses appropriate to these conditions as an exemption of the services on the claim from any applicable cost-sharing requirements.

(3) Institutionalized Individuals.

Individuals residing in a hospital inpatient facility, long-term care facility or other medical institution, who are required, as a condition of receiving services in the institution, to spend for medical care costs, all but a minimal amount of their income as required for personal needs, are identified by the DFS caseworker with a level of care. That information is transferred to the fiscal agent's recipient file. When a claim for any services requiring cost sharing is processed, including a claim for inpatient hospital services, the system references the recipient file for a level of care code. If the file indicates one of the codes, there is no reduction in payment. Providers who are affected by cost-sharing requirements and providers of nursing home services have been notified of this policy through bulletins. Recipients were notified by notices enclosed with their Medicaid cards.

(4) Emergency Services.

Emergency hospital inpatient admissions are indicated as such by an admission type code on the claim form. Emergency services provided in the outpatient hospital are indicated as such by a special secondary diagnosis code. Physician services provided as outpatient emergency services also use the special diagnosis code on their claim. The claims processing system exempts claims with those codes from any applicable cost-sharing reduction in payment. Emergency services have been defined in hospital and physician bulletins.

(5) Family Planning Services.

Family Planning services are identified on the claim form by the provider's marking of "Y" or "Yes" on the outpatient or HCFA-1500 claim form, and is an exemption only if all services given on one date of service are family planning services. If a service not related to family planning is given in addition to the family planning service, copayment is deducted for that date of service by the claims processing system.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MISSOURI

D. (cont'd)

(6) HMO Enrollees.

All individuals identified to the provider, and appearing on an Enrollment List for Provider Type 93, are exempt from copayment (only for those services covered by the Plan). The nature in which monthly capitation payments are made up-front to the prepaid health plans eliminates the need for claims processing guidelines. Pseudo claims are submitted for data collection, but are not processed for payment. Recipients are advised at the time of enrollment that the HMO's (Prepaid Health Plans) are exempt from the copayment requirement. The avoidance of the copayment requirement was an incentive in the waiver application, which was approved in June 1982 for a four(4) year period.

MS85-14 10/1/85
NEW June 10, 84